

Please type a plus sign (+) inside this box ☒

PTO/SB/05 (08-00)
Approved for use through 10/31/2002 OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. M4065.0376/P376

First Named Inventor H. DANIEL DULMAN ET AL.

Title METHOD FOR ALIGNING A CONTACT OR A
LINE TO ADJACENT PHASE-SHIFTER ON A
MASK

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- 1 ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
- 2 ☐ Applicant claims small entity status
See 37 CFR 1.27
- 3 ☒ Specification [Total Pages **25**]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
- 4 ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **10**]
- 5 Oath or Declaration [Total Pages **3**]
a ☒ Newly executed (original or copy)
b ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/division with Box 18 completed)
i ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).
- 6 ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 7 ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on
i. ☐ CD-ROM or CD-R (2 copies), or ii ☐ paper
c ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
- 11 ☐ English Translation Document (if applicable)
- 12 ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
- 13 ☐ Preliminary Amendment
- 14 ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 15 ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 16 ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i)
Applicant must attach form PTO/SB/35 or its equivalent
- 17 ☐ Other.

18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.

Prior application information: Examiner

Group / Art Unit

For CONTINUATION or DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
Thomas J. D'Amico

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City Washington State Zip Code 20037-1526

Country Telephone (202) 785-9700 Fax (202) 887-0689

Name (Print/Type) Thomas J. D'Amico Registration No. (Attorney/Agent) 28,371

Signature Date January 29, 2001

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 1,182.00		Application Number TO BE ASSIGNED Filing Date January 29, 2001 First Named Inventor H. Daniel Dulman Examiner Name TO BE ASSIGNED Group Art Unit TO BE ASSIGNED Attorney Docket No. M4065.0376/P376	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																																				
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.</p> <p>Deposit Account Number 04-1073</p> <p>Deposit Account Name </p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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